	AMENDED RETURN, check the box.	State I	Jse Only							
	See instructions, page 13 for the reasons									
or.	for amending and enter the number.		ondir	~			Your Soc	ial Securit	y Number (required)	
	calendar year 2008, or fiscal year beginning, ending									
'PE	Your first name and initial	Last Hame								
	Spouse's first name and initial		Spouse's Social Security Number (required)							
	Mailing address						Taypayar		Do you need Ida	aho
_	City, State, and Zip Code						Taxpayer of in 2008	aecease	income tax form	
							Spouse de	eceased	mailed to you n	ext year
yo	u or your spouse are nonresident aliens for fed	leral purpo	ses, check h	ere. •		▼	in 2008		• Yes	No
	delicy status	sident Ida		ctive Military Duty		resident	Part-Yea	r Residen	t Military Non	resident
	one for yourself and one 1. Yourself 1 our spouse if a joint return. 2. Spouse		2 📜		3		4	\dashv	5 📜	
	months in Idaho this year • Yourself	 ■ Spouse	ln	dicate current st	ato of r	cidono	o • V	ourself_	- Spous	20
	NG STATUS. If filing married joint or sepa	<u> </u>							<u> </u>	SE
1	Single 2. Married filing joint return 3.		d filing separ			of hous	-		Dove. Qualifying widov	w(er)
' · <u> </u>			<u> </u>		Ī				addinying widov	W(CI)
). L		Enter "1" in and 6b, if the	nev annly	ourself a.	1		ampaign my incon		o go to the Idaho	0
				pouse b.			•		on joint return).	O
C.	List your dependents. If more than four dependenter the total number here							,	,	
F	irst name Last name		Social Secur			7. Yourse	If 8. Spor	use	7. Yourself 8.	Spouse
÷	2401.14110				Constitu	tion	-	R	epublican	
_					Democi	atic		N	o Specific	
_					Liberta	rian	1. —	1	None _	
_]		
d.	Total exemptions. Add lines 6a through 6c. Mu	ust match f	ederal return	d.						
	IDAHO INCOME. See instructions, page 14								Idaho Amoun	nts
	9. Wages, salaries, tips, etc. Attach Form(s)	W-2						9		00
	10. Taxable interest income							10		00
	11. Dividend income				11		00			
	12. Alimony received				12		00			
	13. Business income or (loss). Attach federal Schedule C or C-EZ							13		00
	14. Capital gain or (loss). If required, attach federal Schedule D							14		00
	15. Other gains or (losses). Attach federal Form 4797							15		00
	16. IRA distributions (taxable amount)							16		00
	17. Pensions and annuities (taxable amount)							17		00
	18. Rents, royalties, partnerships, S corporations, trusts, etc. Attach federal Schedule E									00
	19. Farm income or (loss). Attach federal Schedule F									00
	20. Unemployment compensation							20		0(
	21. Other income. Attach explanation									0(
- 1	22. TOTAL INCOME. Add lines 9 through 21									00
	IDAHO ADJUSTMENTS. See instructions, page 14.									
	23. Deductions for IRAs and health savings account									00
- 1	24. Moving expenses. Attach federal Form 3903							24		00
	25. Deductions for self-employment tax, health insurance, and qualified retirement plans									00
	26. Penalty on early withdrawal of savings									00
	27. Other deductions. See instructions.									00
		28. TOTAL ADJUSTMENTS. Add lines 23 through 27								00
		•			_					
	29. ADJUSTED GROSS INCOME. Subtract line	28 from line	e 22							
	ADJUSTED GROSS INCOME. Subtract line If you have an NOL and are electing to fore	28 from line	e 22 ryback period			ooid ===	=	29		0
	29. ADJUSTED GROSS INCOME. Subtract line	28 from line ego the car State Tax Co	e 22 ryback period mmission may	discuss this return				fied belo		00
	29. ADJUSTED GROSS INCOME. Subtract line If you have an NOL and are electing to fore Within 180 days of receiving this return, the Idaho S	28 from line ego the car State Tax Cor of my know	e 22 ryback period mmission may	discuss this return ver this return is true	, correct	and com	plete. See	fied belo		·
N .	29. ADJUSTED GROSS INCOME. Subtract line If you have an NOL and are electing to fore Within 180 days of receiving this return, the Idaho S Under penalties of perjury, I declare that to the best Your signature	28 from line ego the car State Tax Cor of my know	e 22 ryback period mmission may ledge and beli Date	discuss this return ver this return is true	correct State 1	and com	plete. See	fied belo	tions.	6-0056
N N	29. ADJUSTED GROSS INCOME. Subtract line If you have an NOL and are electing to fore Within 180 days of receiving this return, the Idaho S Under penalties of perjury, I declare that to the best	28 from line ego the car State Tax Cor of my know	e 22 ryback period mmission may ledge and beli	discuss this return of this return is true. MAIL TO: Idaho	correct State T	and com ax Comi	plete. See	fied belo	tions.	·

		Form 43	- 2008 EF	O00091p2 10-17-08			Colu	ımn A - Total		(Column B - Id	aho
	;			·	line 37, 1040A, line 2		20					00
l					ine 29 in Column B		30		00			00
					e 4. Attach Form 39N		32		00			00
					and 31		33		00			00
					line 26. Attach Form tine 33 from line 32				00			00
	,					■ Spouse		blind •	_		elf • Sc	_
_		35.	,	•	• Yourself else can claim you as							ouse
	Stand	dard 36.							Г	36	<u> </u>	00
	Deduc	Standard 36. Itemized deductions. Attach federal Schedule A. Federal limits apply						- H	37		00	
	For Most People 38. Subtract line 37 from line 36								38		00	
	39. Standard deduction. See instructions, page 15, if you checked any boxes on line 35									39		00
	Single Married		Multiply \$3,50	00 by the numbe	r of exemptions claim	ed on line 6d. Fe	deral limits a	apply	•	40		00
	Separa	ately: 41.	Add line 40 a	ind the LARGER	of line 38 or line 39					41		00
	\$5,45	42.	Idaho percen	Idaho percentage. Divide line 34, Column B, by line 34, Column A Multiply amount on line 41 by the percentage on line 42 and enter the result here Idaho taxable income. Subtract line 43 from line 34, Column B TAX from tables or rate schedule. See instructions, page 35 Income tax paid to other states. Attach Form 39NR and other state returns								<u>%</u>
	Head		Multiply amou									00
	Housel \$8,00	44.	Idaho taxable									00
		45.	TAX from tab									00
	Married Jointly	0 .0.	Income tax p									00
	Qualify	. //	Credit for cor	ntributions to Ida	ho educational entitie	s			•	47		00
	Widow \$10,9	200			ho youth and rehabili				- +	48		00
L	Ψ10,9	49.			expenses				-	49		00
					dits from Form 44, P					50		00
					gh 50. If less than ze	•			_	51		00
									F	52		00
TAXES					nd other nontaxed pu				_ L	53		00
										54		00
OTHER	55. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER									55	10	00
0	56. Permanent building fund. Check the box if you are receiving Idaho public assistance payments								J -	56 57	1(
		wish to dona			Reserve Family Sup					//////		00
SNC					• 60. S							
DONATIONS					62. N							
8	1				7 through 62	-			ľ	63	///////////////////////////////////////	2/////
					Computed Amount (f					//////		00
					ative Welfare Fund, o				1			
		-	•						۱ ا	64		00
NTS	To receive your grocery credit, enter the computed amount on line 64									65		00
PAYMENTS	66. Special fuels tax refund Gasoline tax refund Attach Form 75									66		00
ď	67. Idaho income tax withheld. Attach Form(s) W-2									67		00
	68. 2008 Form 51 payment(s) and amount applied from 2007 return								_ F	68		00
	69. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 64 through 68								F	69		00
TAX DUE												7
	70. TAX DUE. Subtract line 69 from line 63											
	71. Penalty Interest from the due date Enter total.											
									, -	71		00
	72. TOTAL DUE. Add lines 70 and 71								-+	72		00
REFUND	73. OVERPAID. Line 69 minus lines 63 and 71								• [73		00
	74. REFUND. Amount of line 73 to be refunded to you											
	/ →. INE	LI UND. AIII	ount of 11116 / 3	, to be returned	.o you			/4				00
	75. ES	STIMATED T	AX. Amount o	of line 73 to be ap	oplied to your 2009 es	timated tax	<u> </u>	<u></u>	•	75		00
	76. DI	IRECT DEP	OSIT. See in:	structions, pag	e 20.						Type of •	Checking
R	outing No	o.		- Ac	count No.							Savings
AMENDED	77 -	tol tour during	lino 70\ r = -	arnovers to the second	72)	77						
					73)	77	00				1 81 8181	
					efunds	78	00					
			_		ax paid	79	00					
	80. An	mended tax	due or refund.	Add lines 77 ar	nd 78, less line 79	80	00		ii i j			
								8	1	7 2	9 5	